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TO:	Mail Stop Amendment	FROM:	Robert J. Sacco/vb
COMPANY:	U.S.P.T.O.	DATE:	June 14, 2006
FAX NUMBER:	571.273.8300	TOTAL NO. OF PAGES INCLUDING COVER:	8
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	7578-0001
RE:	Response to Office Action dated 3/24/06 for U.S. Patent Application No. 10/670,682		

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after Initial Filing)


Total Number of Pages in This Submission 7

Application Number	10/670,682
Filing Date	September 25, 2003
First Named Inventor	ANTONELLIS, et al.
Art Unit	2132
Examiner Name	DARROW, Justin T.
Attorney Docket Number	7578-0001


ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Please charge any deficiencies or credit any overpayments to Deposit Account No. 50-2884.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sacco & Associates, P.A.		
Signature			
Printed name	Robert J. Sacco		
Date	6-14-06	Reg. No.	35,667

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Robert J. Sacco	Date	6-14-06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 14 2006

Appln. No. : 10/670,682
Applicant : ANTONELLIS, et al.
Filed : Sept. 25, 2003
TC/A.U. : 2132
Examiner : DARROW, Justin
Docket : 7578-0001
Customer No. : 39207

Confirmation No.: 7559

Via Facsimile 571.273.8300
Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO OFFICE ACTION

In response to the Office Action dated March 24, 2006, please accept the
remarks below in the above-identified application:

Remarks/arguments begin on page 2 of this paper.

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and
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